

**SERVICES/ITEMS
THAT REQUIRE AUTHORIZATION**

ITEM/SERVICE	FORM	COMMENTS
TRANSPORTATION		
Air Transportation--out-of-state	1144	
Air Transportation--inter-island	208	
HandiCab and HandiVan	1160	Forms are obtained by the patient from the patient's DHS worker
Taxi	1135	Forms are obtained by the patient from the patient's DHS worker
MEDICAL SUPPLIES		
All medical supplies with charges over \$50.00 per month (except diabetic supplies)	1144	
DURABLE MEDICAL EQUIPMENT/PROSTHETIC DEVICES AND ORTHOTIC DEVICES (DMEPO)		
All purchases, rentals, repairs, maintenance of DMEPO with charges over \$50.00 per month per item	1144	
ENTERAL/PARENTERAL SUPPLIES/EQUIPMENT		
All enteral formula/parenteral nutrition and supplies (gravity bags, syringes, tubes, etc.)	1144	Providers that are NOT home infusion providers should send 1144 forms to the Medicaid Fiscal Agent, ACS; Providers that are home infusion providers should send 1144 forms to Pharmacy Fiscal Agent, ACS/Consultec
HOME INFUSION SERVICES		
All home infusion services	1144	Send 1144 forms to ACS Consultec
HOME HEALTH AGENCY SERVICES		
Skilled Nursing Visits	1144	
Home Health Aide Visits	1144	
Occupational Therapy	1144	
Physical Therapy	1144	
Speech Therapy	1144	

ITEM/SERVICE	FORM	COMMENTS
DRUGS		
Certain single source drugs; multiple source drugs with generic equivalents that have federal upper limits	1144	Send 1144 forms to Consultec; for a complete listing of drugs that require authorization, see Appendix 6.
VISION, SPEECH AND HEARING ITEMS AND SERVICES		
Trifocal lenses and associated services	1144	
Contact lenses and associated services	1144	
Low vision aids	1144	
Telescopic/compound lens systems	1144	
Prosthetic eyes and associated services and supplies	1144	
Balance lenses; slab off prism lenses; prisms; press-on lenses (Fresnell prism); special base curve lenses	1144	
Tinting of lenses	1144	
Anti-reflective coating of lenses	1144	
U-V lenses	1144	
Scratch resistant coating of lenses	1144	
Occluder lenses	1144	
Not otherwise classified vision services	1144	
Augmentative Communication Devices— purchase, rental, maintenance, repairs, modifications	1144	
Speech, language, voice, communication evaluation and treatment	1144	
Aural rehabilitation following cochlear implant	1144	
Swallowing and oral functioning evaluation and treatment	1144	
Hearing aids—purchase, rental, maintenance, repairs, modifications, insurance	1144	
DENTAL ITEMS AND SERVICES		
Medicaid recipients 21 years of age and older receive only EMERGENCY DENTAL SERVICES; the following dental services require authorization ONLY when provided to Medicaid recipients under 21 years of age		

ITEM/SERVICE	FORM	COMMENTS
DENTAL ITEMS AND SERVICES (Continued)		
Dental treatment done in inpatient or outpatient hospital under general anesthesia	1144	
Tomographic Survey	1144	
Topical application of fluoride for Medicaid recipients over 18 years of age	1144	
Crowns (except prefabricated stainless steel crowns)	1144	
Unspecified oral surgery, orthodontic procedures, adjunctive procedures	1144	
General anesthesia	1144	
SURGERY		
Generally in CPT Code Range 10000-19999		
Removal/destruction of benign skin lesions by paring, cutting, shaving, excision, laser, etc.	1144	Flat, juvenile warts, fibrocutaneous tags, leukoplakia, actinic or senile keratoses, keratocanthomas, facial nevi require authorization. Authorization is also required for removal of benign lesions in CPT code ranges other than 10000-19999. Molluscum contagiosum, plantar, palmar and finger tip warts and venereal warts do not require authorization.
Tattooing to correct color defects of skin	1144	
Subcutaneous injection of "filling" material (collagen)	1144	
Application of xenograft	1144	
Dermabrasion, salabrasion, and chemical peels	1144	
Blepharoplasty	1144	
Rhytidectomy	1144	
Excision of excessive skin and subcutaneous tissue	1144	
Grafts for facial nerve paralysis	1144	
Epilation by electrolysis	1144	
Mastectomy for gynecomastia, mastopexy, reduction and augmentation mammoplasties	1144	

ITEM/SERVICE	FORM	COMMENTS
Generally in CPT Code Range 10000-19999 (Continued)		
Insertion of breast prosthesis	1144	
Breast, nipple/areola reconstruction	1144	
Generally in CPT Code Range 20000-29999		
Cartilage graft (nasal septum), fascia lata graft	1144	
Non-operative ultrasound to aid bone healing	1144	
Impression and custom preparation of oral or facial prostheses and related services	1144	
Genioplasty	1144	
Reconstruction of face and associated services (craniofacial, orbital and maxillofacial)	1144	
Costotransversectomy	1144	
Ostectomy of sternum	1144	
Reconstructive repair of pectus excavatum	1144	
Pollicization of a digit	1144	
Transfer of a finger to another position		
Osteotomy of first metatarsal with autograft	1144	
Reconstruction of toes	1144	
Temporomandibular joint arthroscopy	1144	
Generally in CPT Code Range 30000-49999		
Rhinophyma-excision or surgical planing	1144	
Rhinectomy and rhinoplasty	1144	
Septoplasty, septal/intranasal dermatoplasty, repair of nasal septal perforation and other procedures on the nose	1144	
Laryngoscopy with stroboscopy	1144	
Gingivoplasty, alveoloplasty, other unspecified surgery on dentoalveolar structures	1144	
Palatopharyngoplasty, uvulopalatopharyngoplasty	1144	

ITEM/SERVICE	FORM	COMMENTS
Generally in CPT Code Range 30000-49999 (Continued)		
Gastric restrictive procedures with or without gastric bypass	1144	
Repair of reducible, non-incarcerated incisional, ventral, epigastric, umbilical hernias	1144	
Generally in CPT Code Range 50000-59999		
Lithotripsy	1144	
Revision of urinary-cutaneous anastomosis with repair of fascial defect and hernia	1144	
Cystourethroscopy with lithotripsy	1144	
Circumcision, except newborn	1144	
Cavernosometry, injection of corpora cavernosa	1144	
Removal/repair of penile prosthesis	1144	
Plastic operation on penis for injury		
Epididymovasostomy		
Vasectomy	1146	Must meet all consent and notification requirements
Vasovasostomy, vasovasorrhaphy	1144	
Tubal ligation (any method including fulguration, occlusion, transection)	1146	Must meet all consent and notification requirements
Clitoroplasty; vaginoplasty	1144	
Hysterectomy	1145	Must meet all consent and notification requirements
Pelvic enteration for gynecologic malignancy with hysterectomy	1145	Must meet all consent and notification requirements
Uterine suspension	1144	
Generally in CPT Code Range 60000-69999		
Craniotomy for lobotomy, including cingulotomy	1144	
Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator)	1144	
Neurostimulator and surgical services associated with implantation, replacement, revision, removal, etc.	1144	

ITEM/SERVICE	FORM	COMMENTS
Generally in CPT Code Range 60000-69999 (Continued)		
Subarachnoid catheter and surgical services associated with insertion, replacement, removal, etc.	1144	
Sympathectomy	1144	
Multiple punctures of anterior cornea	1144	
Keratomileusis	1144	
Exchange of intraocular lense	1144	
Strabismus surgery	1144	
Unlisted procedures on ocular muscles	1144	
Blepharoptosis repair, correction of lid retraction	1144	
Otoplasty for protruding ear	1144	
Implantation or replacement of electronic bone conduction hearing device in temporal bone	1144	
Cochlear device implantation and related services		
PODIATRIC SERVICES		
Outpatient/Inpatient services over than \$100.00	1144	
RADIOLOGY		
Magnetic Resonance Imaging (MRI)	1144	
Magnetic resonance spectroscopy, magnetic resonance angiography	1144	
Complex dynamic pharyngeal and speech evaluation	1144	
Hysterosonography	1144	
Hyperthermia	1144	
Positron emission tomography (PET) imaging	1144	
LABORATORY		
Autologous blood or component, collection processing and storage; predeposited	1144	
Bone marrow, modification or treatment to eliminate cells (e.g. T-cells, metastatic carcinoma)	1144	

ITEM/SERVICE	FORM	COMMENTS
LABORATORY (Continued)		
Tissue culture for non-neoplastic and neoplastic disorders;	1144	
Chromosome analysis	1144	
Cryopreservation, freezing and storage of cells, each cell line	1144	
Thawing and expansion of frozen cells	1144	
Molecular cytogenetics	1144	
PSYCHIATRIC/PSYCHOLOGIC SERVICES		
Psychotherapy (both individual and group)	1018	For outpatient psychotherapy
Psychoanalysis	1018	
Electroconvulsive therapy	1144	
Psychologic/Neuropsychologic testing	1144	
Psychiatric Inpatient Admission	1144	
Clozapine Medical Management	1144	
NEUROLOGY AND NEUROMUSCULAR SERVICES		
Sleep studies including polysomnography and all night sleep electroencephalogram (EEG)	1144	
Muscle testing , manual	1144	
Range of Motion measurements	1144	
Monitoring for identification and lateralization of cerebral seizure focus	1144	
Functional cortical and subcortical mapping to provoke seizures or identify vital brain structures	1144	
Electronic analysis of complex cranial nerve Neurostimulator pulse generator/transmitter	1144	
PHYSICAL THERAPY AND OCCUPATIONAL THERAPY		
Physical therapy re-evaluation	1144	
Occupational therapy re-evaluation	1144	

ITEM/SERVICE	FORM	COMMENTS
PHYSICAL THERAPY AND OCCUPATIONAL THERAPY (Continued)		
Physical therapy and occupational therapy modalities, therapeutic procedures, tests and measurements	1144	
Admission to Acute Rehab Facility	1144	
MISCELLANEOUS MEDICAL SERVICES		
Circadian respiratory pattern recording (pediatric pneumogram)	1144	
Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction	1144	
Unlisted allergy/clinical immunologic service	1144	
Unlisted special service, procedure, report	1144	
Handling, conveyance, and/or other service associated with an order involving devices fabricated by outside laboratories	1144	
EPSDT SERVICES		
Case Management for Medically Fragile Children	1144	
Skilled Nursing Visits	1144	